

UniCare Issues Log

February 6, 2007

#	Date Added	Action Item	Assigned to	Response	Date Closed
1	1/25/2007	Is it possible to reconsider prior authorization on all repairs because it will be a hardship on our children and their families?	UniCare	UniCare HealthWave members are entitled to repair services. Eligibility verification and benefit confirmation is strongly encouraged. Benefit confirmation will enable VSP to override frame and lens frequency limitations and ensure claims are processed correctly.	1/29/2007
2	1/25/2007	Vision providers need the VSP fee schedule (including medical codes) from UniCare. Also, include what is and is not covered.	UniCare	The fee schedule for services, both routine and medical, is located under the Professional Fee Schedule section of the VSP UniCare HealthWave Provider Reference Manual and in Exhibit A of your contractual document with VSP. If you have not already received a copy of this information, please contact Dede Neifert. Dede's contact information is listed in response 3.	1/29/2007
3	1/25/2007	Gary is receiving inconsistent answers to his questions from VSP & UniCare.	UniCare	Please feel free to contact: Dede Neifert Manager, National Network Development Phone: (800) 852-7600 extension 4863 M-F 10:00am – 7:00pm Central Time Fax: (916) 858-5595 Email: DedeNe@vsp.com Mailing Address: VSP ATTN: Dede Neifert/MS 231 3333 Quality Drive Rancho Cordova, CA 95670	1/29/2007
4	1/25/2007	Some vision providers have not been contacted by VSP.	UniCare	It is our intention to have a broad and comprehensive network in the State of Kansas. If you have not been contacted, please contact Dede Neifert. Dede's contact information is listed in response 3.	1/29/2007

UniCare Issues Log

February 6, 2007

#	Date Added	Action Item	Assigned to	Response	Date Closed
5	1/25/2007	What is the procedure for billing VSP for patients seen with DOS before 2/15/07 for those doctors who chose not to enroll or weren't given an opportunity to participate?	UniCare	<p>If you wish to continue seeing UniCare HealthWave members after 2/15/07:</p> <p>To receive reimbursement for claims with dates of service from 1/01/07 through 2/15/07, please submit your claims to Dede Neifert at the address listed in response 3.</p> <p>Please ensure that your contract with VSP has been finalized. If you have not already received the appropriate documents, please contact Dede Neifert at your earliest convenience. Dede will provide you with the appropriate materials.</p> <p>If you do not wish to continue seeing UniCare HealthWave members after 2/15/07:</p> <p>To receive reimbursement for claims with dates of service through 2/15/07, please submit your claims to Dede Neifert at the address listed in response 3, along with a note indicating that the provider is requesting payment for services rendered as a non-contracted provider.</p> <p>To ensure prompt payment, please include your registered tax name and tax ID, along with a contact name and telephone number. Claims for dates of service after 2/15/07 are not reimbursable without a further contractual arrangement with VSP.</p>	1/29/2007

UniCare Issues Log

February 6, 2007

#	Date Added	Action Item	Assigned to	Response	Date Closed
6	1/25/2007	VSP/Medicaid providers have been told they will need to file paper claims for the time being. Is this correct?	UniCare	<p>No, below are the electronic claims submission instructions.</p> <p>ELECTRONIC CLAIMS SUBMISSION: VSP has established a relationship with Per-Se Technologies as an interim solution for electronic claims submission for newly contracted providers. By mid-year 2007, VSP will have expanded capability to allow electronic claims to be submitted directly to VSP. Until the direct submission is available, VSP will pay the Per-Se transaction fees for claims submitted under this program. To establish a specific account with Per-Se for this program, please call VSP/EyeFinity's Customer Care at (877) 448-0707.</p> <p>If you're currently submitting claims electronically to VSP, there is no change in your process.</p>	1/29/2007
7	1/25/2007	Will electronic billing be an option for all providers in the future?	UniCare	See response 6.	1/29/2007
8	1/25/2007	Do all practices with part-time doctors need to pay the \$200 enrollment fee?	UniCare	No, there are no fees associated with joining the VSP HealthWave network.	1/29/2007
9	1/25/2007	Are some VSP practices required to provide additional discounts for non-covered frames and lenses along with discounting professional contact lens fees?	UniCare	No. The VSP HealthWave Plan does not require additional discounts for non-covered lenses and frames, or discounting of professional contact lens fees. Any potential discount is at the sole discretion of the provider. Usual and customary rates apply for these services or materials.	1/29/2007
10	1/25/2007	Can the VSP policy for reimbursement to doctors with their own labs and non-VSP lab rates be shared in writing to resolve questions in this area for everyone?	UniCare	Providers may use the ophthalmic laboratory of their choice, including an in-office ophthalmic lab. VSP will reimburse an established fee for lenses. This fee includes reimbursement for lens materials and related professional services. Information regarding VSP reimbursement for these services is included in the VSP UniCare HealthWave Provider Reference Manual. If you don't already have a copy of this manual, please contact VSP's Provider Services Support Line at (800) 615-1883.	1/29/2007

UniCare Issues Log

February 6, 2007

#	Date Added	Action Item	Assigned to	Response	Date Closed
11	1/25/2007	Will practices that enrolled in early December or early January that were only given the commercial option be given an opportunity to transfer to the VSP/Medicaid only option?	UniCare	Certainly, if providers currently enrolled in VSP's commercial network do not wish to continue to see commercial patients; they may terminate their commercial contract with VSP. VSP will accommodate requests from doctors who wish to only provide services to the UniCare HealthWave members. For questions, contact Dede Neifert as noted in response 3.	1/29/2007
12	1/30/2007	In the VSP information, it states that exams can be either every 12 or 24 months, depending on medical necessity, and frames/lenses are on necessity or 12 or 24 months. How is medical necessity defined and by whom?	UniCare	<p>Routine eye exam coverage and timeframes for UniCare HealthWave members are:</p> <p>Members 21 and over: are eligible for an exam once every 36 months*</p> <p>Members 20 and under: are eligible for an exam as needed</p> <p>SCHIP Members: are eligible for an exam as needed</p> <p>* Note this 36-month benefit frequency is an enhancement to the basic Medicaid Plan.</p> <p>Medically necessary: services or supplies that meet the following: 1) appropriate for the symptoms, diagnosis or treatment of the medical condition; 2) Provided for the diagnosis or direct care and treatment of medical conditions; 3) meet the standards of good medical practice within the community; 4) not primarily for the convenience of the patient or provider; and 5) the most appropriate level or supply service which can safely be provided. Medically necessity can be determined by the doctor or if a pre-certification is required our medical consultant will review and make the determination.</p>	1/31/2007

UniCare Issues Log

February 6, 2007

#	Date Added	Action Item	Assigned to	Response	Date Closed
13	1/30/2007	If a child loses eyewear, will VSP allow new glasses or do they have to wait until the next year? How long will prior authorization take to get new glasses?	UniCare	<p>UniCare HealthWave members are entitled to repair and replacement services as indicated below. Eligibility verification and benefit confirmation is strongly encouraged. Benefit confirmation will enable VSP to override frame and lens frequency limitations and ensure claims are processed correctly.</p> <p>Please call the Provider Services Support Line at (800) 615-1883. When the member's eligibility and benefits have been verified, VSP staff will immediately provide a benefit request number so services can be rendered without subsequent reimbursement confusion. The benefit request number should be entered in box 23 of the completed CMS-1500 form to expedite accurate claim processing. If a benefit request number is not included on the claim, the claim may be initially processed incorrectly or potentially denied, if the member was not eligible for the repair and replacement at the time the services were rendered.</p> <p>Members 21 and over: Repairs are allowed as needed. There is no coverage for replacement hardware.</p> <p>Members 20 and under: Repair or replacement as needed, if materials are lost, stolen or broken.</p> <p>SCHIP Members: Repair or replacement is as needed, if materials are lost, stolen or broken.</p>	

UniCare Issues Log

February 6, 2007

#	Date Added	Action Item	Assigned to	Response	Date Closed
14		Is post-operative care covered by UniCare since it is not covered by VSP?	UniCare	<p><u>Optometrists:</u> Post-operative care and other medical services provided by an optometrist are covered under VSP and are reimbursable by VSP under its Primary Eyecare Program. For a full list of covered services, refer to the Primary Eyecare Coverage section of the VSP UniCare HealthWave Provider Reference Manual. Claims from optometrists billed directly to UniCare will be denied.</p> <p><u>Ophthalmologists:</u> Post-operative care and other medical services provided by an ophthalmologist contracted directly with UniCare should be billed to UniCare. Ophthalmologists not contracted with UniCare may submit their claims to VSP for reimbursement. For a full list of covered services, refer to the Primary Eyecare Coverage section of the VSP UniCare HealthWave Provider Reference Manual.</p>	1/31/2007
15		Some offices have been told there will be a \$2 charge for paper claims. Is this correct?	UniCare	No. There is no charge for submitting VSP HealthWave paper or electronic claims.	1/31/2007
16		We have had reports that Unicare is telling HealthWave clients that some VSP/Commercial doctors are on the HealthWave panel when the doctors have specifically advised VSP that they do not choose to be on the HealthWave panel.	UniCare	If Providers currently enrolled in VSP's commercial network do not wish to continue to see HEALTHWAVE patients, they may do so by providing written notification to Dede Neifert at the address noted in Response 3.	1/31/2007
17		Regarding offices who have their own labs or who choose to use non-VSP wholesale labs, are there clear policies on what is covered or not covered? How is this billed?	UniCare	Providers may use the ophthalmic laboratory of their choice, including an in-office ophthalmic lab. VSP will reimburse an established fee for lenses. This fee includes reimbursement for lens materials and related professional services. Information regarding VSP reimbursement for these services is included in the VSP UniCare HealthWave Provider Reference Manual. If you don't already have a copy of this manual, please contact VSP's Provider Services Support Line at (800) 615-1883.	1/31/2007